

MDR Tracking Number: M5-02-2707-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The IRO reviewed the work hardening program/services rendered from 11-23-01 to 12-01-01 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On October 25 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8-27-01	97550MT	\$43.00	\$0.00	G	\$43.00	Medicine GR (I)(E)(3) CPT code descriptor	On 8-27-01, the requestor billed 99213MP, 97750MT and 99090. Muscle testing is not global to the office visit or the analysis of information stored on computers; therefore, the insurance carrier was incorrect to deny the testing based upon global concept. Reports to support billed service, were not submitted. Reimbursement is not

							recommended.
9-12-01 9-17-01 9-24-01 2-5-02	99213	\$48.00	\$0.00	D	\$48.00	CPT code descriptor	The office visits were denied based upon duplicate billing. The provider did not bill two office visits on the same date; therefore, the services will be reviewed per MFG. Reports to support billed service, were not submitted. Reimbursement is not recommended.
10-1-01	97110	\$105.00	\$0.00	F	\$35.00 / 15 min.	Medicine GR (I)(A)(9)(b) and (I)(C)9)	Reports to support billed service, were not submitted. Reimbursement is not recommended.
TOTAL		\$340.00					The requestor is not entitled to reimbursement .

This Decision is hereby issued this 14th day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

January 3, 2006

Re: Medical Dispute Resolution
MDR #: M5.02.2707.01
IRO Certificate No.: IRO 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic medicine.

CLINICAL HISTORY:

The patient was injured on ___. The patient worked in a warehouse and his daily occupation was lifting and other activities concerned with warehouse work and he developed a left inguinal hernia. The patient had two surgeries for the left inguinal hernia. On the second surgery, additional tears were found in the inguinal musculature and

were repaired by his surgeon. Pain in the left hip precipitated the

second surgery, with the above findings.

DISPUTED SERVICES:

Denial of physical therapy, range of motion and muscle testing from 10/16/01 through 4/18/02.

DECISION:

The reviewer agrees with the determination made by the insurance carrier in this case. The physical therapy, range of motion, and muscle testing from 10/16/01 through 4/18/02 were not medically necessary.

RATIONALE FOR DECISION:

From the records presented for review, the reviewer is of the opinion that the patient should have been sent to a surgeon with the utmost haste. Neurologically, this reviewer can connect the pain in the patient's abdomen and his leg to the lumbar area, but the cause of the pain, in all reality, was from the left inguinal hernia and obviously not a back condition. The usual number of physical therapy calls would have been twelve (12) visits. As of this writing the patient had already had thirty (30) visits.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,